Case: 1:22-cv-00262 Document #: 1-1 Filed: 01/14/22 Page 1 of 4 PageID #:4

This form is	approved by the II	linois Supreme Court and is required to be accep	ted in all Illinois Circuit Courts.		
STATE OF ILLINOIS, CIRCUIT COURT		SMALL CLAIMS SUMMONS	For Court Use Only		
			-j i		
Instructions	lan	ONIONS			
Directly above, enter the name of the county where you are filing the case.	Plaintiff (First,	middle, last name)	_		
Enter your name as Plaintiff.	V.				
Enter the names of all people or businesses you are suing as Defendants.		EXPRESS INC.	2021SC007311 Case Number		
Enter the Case Number given by the Circuit Clerk.		nmons (Check this box if this is not the 1 st			
			Community for a		
	There may be court fees to start or respond to a case. If you are unable to pay your court fees, you can apply for a fee waiver. You can find the fee waiver application at: illinoiscourts gov/documents-and-forms/approved-forms/. E-filing is now mandatory with limited exemptions. To e-file, you must first create an account with an e-filing				
IMPORTANT INFORMATION:	service provider. Visit efile, illinois courts.gov/service-providers.htm to learn more and to select a service provider. If you need additional help or have trouble e-filing, visit illinois courts.gov/faq/gethelp.asp or talk with your local circuit clerk's office. If you cannot e-file, you may be able to get an exemption that allows you to file in-person or by mail. Ask your circuit clerk for more information or visit illinois legalaid.org.				
	Call or text Illinois Court Help at 833-411-1121 for information about how to go to court including how to fill out and file forms. You can also get free legal information and legal referrals at illinoislegalaid.org.				
Plaintiff:	If you are suing n	nore than 1 Defendant, fill out a Small Claims Sui	mmons form for each Defendant.		
In 1a, enter the name and address of a Defendant/ Respondent. If you are serving a Registered Agent, include the Registered Agent's name and address here.	a. De Na Re Sti Ci	ant/Respondent's address and service information and respondent's primary address/information (First, Middle, Last): EMR EXF egislered Agent's name, (if any): reet Address, Unit #: Ly, State, ZIP: Email:	alion for service: PRESS /NC		
In 1b, enter a second address for Defendant/ Respondent, if you	b. If y	you have more than one address where Defend that here:	*		
have one.	•	rne (First, Middle, Last): reet Address, Unit#:			
		ly, State, ZIP:			
In 1c, check how you		lephone: Email:			
are sending your documents to	c. Me	ethod of service on Defendant/Respondent			
Defendant/		Circuit Clerk			
		Sheriff Sheriff outside Illinoi			
		Special process server	County & State sed private detective		
In 2, enter the amount	2. Informa	ation about the lawsuit:			
of money owed to you.	Amount	claimed: \$ 6025.39	EXHIBIT		
			1 1		

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I be I enter year	Enter the Case Number given by the Crient Clark
complete address, telephone number, an email address, if you have one.	Name (First, Middle, Last): AN BN/ONS Street Address, Unit #: 22 18 UNKKLEN DRIVE City, State, ZIP GROVE CITY, OH, 45123 Telephone: 614599 2930 Email: 8742715-4-1-26-1-
GETTING COURT day. If you do not che	DOCUMENTS BY EMAIL: You should use an email account that you do not share with anyone else and that you check every ck your email every day, you may miss important information, notice of court dates, or documents from other parties.
Important informator the person race this Small Claims Summons (Defenda	You have been sued. Read all the documents attached to this Small Claims Summons. You must attend court on the court date below. The judge may want to have a trial on that days to have a trial on the court date.
In 4, the plaintiff should enter: • The court date and	Instructions for the person receiving this Small Claims Summons (Defendant): You must attend court on the date below:
time (this will be a date 40-6) days from filing).	<u>Di/B/22</u> at <u>O9:00</u>
 The address of the courthouse. 	in bersolt at:
•The call-in or video conference information for remote appearances (if applicable).	Courthouse Address City State ZIP Remotely (you may be able to altend this court date by phone or video conference. This is called a "Remote Appearance")
•The clerk's phone number and website.	is called a "Remote Appearance.") By telephone:
All of this information is available from the Circuit Clerk.	Call-in number for telephone remote appearance By video conference: Video conference website
For more information about how to complete 3, see How to File & Serve a Small Claims	Video conference log-in information (meeting ID, password, etc)
Complaint at illinoiscourts gov/do	Call the Circuit Clerk at: Or visit their website at:
forms/approved- forms.	Circuit Clerk's website to find out more about how to do this.
STOP! The Circuit Clerk will fill in this section. STOP!	Witness this Date: 12/14/2021 1:55 PM Clerk of the Court: Andrea Lynn Chapteen
The officer or process server will fill in the	Date of Service:
Date of Service.	(Date to be entered by an officer or process server on the copy of this Summons left with the Defendant or other person.)

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This form i	s approved by the	Illinois Supreme Court and is required to be accep	led in all Illinois Circuit Court
STATE OF CIRCUIT	ILLINOIS.	PROOF OF SERVICE OF SMALL CLAIMS SUMMONS & SMALL CLAIMS COMPLAINT	for Court Use Only
Instructions			1
Directly above, enter the name of the county where you are filing the case.	Plaintiff (First,	middle, last name)	
Enter your name as Plaintiff.	v.		
Enter the names of all people or businesses you are suing as Defendants.	Defendants (F	irst, middle, last name or business name):	2021SC007311 Case Number
Enter the Case Number given by the Circuit Clerk.		nmons (Check this box if this is not the 1st	
*STOP. Do not compl	ete the rest of th	is form. The Circuit Clerk, sheriff, or special p	Process server will fill in the form *
y	ldle, Lasi		the form,
First, Middle, Last By Circuit Clerk: By certified mail m On this date:	Small Claims Su	it Clerk:	, and I state: efendant,
	Defendant: e: Non-Bina at thi	ary: Approx. Age: Race: s time: a.m. p.m.	
On someone else at On this date: Street Address, Unit City, State, ZIP: And left it with:	the Defendant's at this	home who is at least 13 years old and is a family time: a.m p.m.	member or lives there:
Male: Female: and by sending a cop	Non-Binar y to this Defenda	v: Approx. Age: Race:	
Male: Female: On this date:	agent, First, Mid Non-Binary	ddle, Last Approx. Age: Race:	Date

Enter the Case Number given by the Circuit Clerk:____ I was not able to serve the Small Claims Summons and Small Claims Complaint on the Defendant, First, Middle, Last I made the following attempts to serve the Small Claims Summons and Small Claims Complaint on the Defendant: at this time: _____ a.m. p.m. Street Address, Unit #: City, State, ZIP: Other information about service attempt: 2. On this date: _____ at this time: _____ a.m. _p.m. Street Address, Unit #: City, State, ZIP: Other information about service attempt: _____ at this time: _____ a.m. p.m. Street Address, Unit #: City, State, ZIP: Other information about service attempt: If you are a special process server, sheriff outside Illinois, or licensed private detective, DO NOT complete this section. The your signature certifies that everything on the Proof of Service of Small Claims Summons and sheriff or private Small Claims Complaint is true and correct to the best of your knowledge. You understand process server will complete it. that making a false statement on this form could be perjury. Under the Code of Civil Procedure, 735 By: 1LCS 5/1-109, making Service and Return: a statement on this Miles: Circuit Clerk Signature by: form that you know to \$ 0.00 be false is perjury, a Sheriff Total: Class 3 Felony. Sheriff outside Illinois: County and State Special process server ☐ Licensed private detective Print Name If Summons is served by licensed private detective or private detective agency: License Number:

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